

Sample 837 Scenarios

The sample scenarios are for test and education purposes. The information is test data and does not represent actual insurance carriers, employers, injured employees, or health care providers. The information may appear to be real or confidential information. However, this is done in order to ensure the test data passes validation edits.

TX 837 – Scenario 9

Pharmacy – Employee Reimbursement

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Arlington, TX 62309. Her telephone number is (703) 836-5527 and social security number is 224-17-3272.

Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, TX 62314. Bagels, Etc.'s telephone number is (703) 472-1462.

Bagels, Etc. is covered by WorkComp Insurance Company under policy number 147643A472. WorkComp Insurance Company is located at 789 Airport Road in Austin, TX 60606-1234. Their telephone number is (312) 555-1470 and their FEIN is 98-7654321.

- On 01/04/2004 Darlene Davidson sprained her knee stepping down from the Bagels, Etc. delivery truck. She took a prescription, written by Dr. Logan Martinson, to Robert's Corner Pharmacy. Dr Martinson's DEA number is MD99999999.
- On 01/04/2004 Darlene Davidson paid \$65.41 for the following medication.
 - DOS 01/04/2004; Rx # 337342; NDC 00254359828; Hydrocodone/Acetaminophen 10-660 mg; Quantity 30; Days Supply 30; Name Brand Dispensed per Employee request; Generic Available = Y
- On 01/05/2004 Darlene Davidson sent a request for reimbursement and a copy of the pharmacy receipt to WorkComp Insurance Company.
- On 01/10/2004 WorkComp Insurance Company receive the request for employee reimbursement.
- On 01/15/2004 WorkComp Insurance Company sent total payment of \$56.81 and EOB to Darlene Davidson for:
 - DOS 01/04/2004; Rx # 0337342 using ARC W1 for a reduction according to fee guideline.

WorkComp Insurance Company is required to report all medical bill payment information to the Texas Workers' Compensation Commission (TWCC) within 30 days of payments made.

- On 02/01/04 WorkComp Insurance Company sent a transaction to TWCC covering the reporting period of 01/01/04 to 01/31/04. The unique bill number assigned by WorkComp Insurance Company for Darlene's pharmacy bill was 111123.

TX 837 – Scenario 9

Pharmacy – Employee Reimbursement

TEXAS WORKERS' COMPENSATION COMMISSION STATEMENT OF PHARMACY SERVICES

Send this form to the injured employee's workers' compensation insurance carrier.

Coverage Verification

☐ In accordance with Rule 134.501, I affirm that I have verified the workers' compensation insurance coverage for this employer, confirmed that a work-related injury of the employee named below has been reported to the employer for the listed date of injury, and have kept documentation regarding the means of verification/confirmation on file. (See TWCC-66 Instructions for the Verification Statement.)

Section 1

1. Pharmacy's Name, Address, and Phone #: Robert's Corner Pharmacy 1440 University Ave. Arlington, TX 62309 (703) 693-1256			2. Date of Billing: 01/05/2004		
			3. Pharmacy's NCPDP # (Formerly NABP): 325689541		
4. Remit Payment To (if different from above): Robert's Corner Pharmacy 1440 University Ave. Arlington, TX 62309			5. Invoice #: 256698569		
			6. Payee's FEIN: 325689541		
7. Carrier's Name and Address: WorkComp Insurance Company 789 Airport Road Austin, TX 60606-1234			8. Employer's Name, Address, and Phone #: Bagels, Etc. 234 Main Street Arlington, TX 62314		
9. Injured Employee's Name and Address, and Phone #: Darlene Davidson 5720 Green Drive Arlington, TX 62309			15. Prescribing Doctor's Name, Address, and Phone #: Logan Martinson, MD 2345 Medical Trail Arlington, TX 62309 (703) 658-4896		
10a. Injured Employee's ID #: 224-17-3272	10b. ID Jurisdiction:	10c. <input checked="" type="checkbox"/> SSN <input type="checkbox"/> DL# <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Green Card	16. Prescribing Doctor's DEA #: MD99999999		
11. DOI: 01/04/2004	12. DOB: 06/04/69	13. TWCC # (if known):	14. Carrier's Claim # (if known):		

Section 2

17. <input type="checkbox"/> Generic Dispensed <input checked="" type="checkbox"/> Name Brand Dispensed		18. Generic Available? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		19. <input type="checkbox"/> Dispensed as Written <input checked="" type="checkbox"/> Dispensed per Injured Employee request		
20. Date Filled: 01/04/2004	21. Generic NDC: 00254359828	22. Name Brand NDC: 00044072502	23. Quantity: 30	24. Days Supply: 30	25. Refills Remaining: 1	26. Paid by Employee: \$65.41
27. Drug Name and Strength: Vicodin/Acetaminophen 10-660 mg			28. Rx #: 0337342		29. Amount Billed: \$0.00	
17. <input type="checkbox"/> Generic Dispensed <input type="checkbox"/> Name Brand Dispensed		18. Generic Available? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. <input type="checkbox"/> Dispensed as Written <input type="checkbox"/> Dispensed per Injured Employee request		
20. Date Filled:	21. Generic NDC:	22. Name Brand NDC:	23. Quantity:	24. Days Supply:	25. Refills Remaining:	26. Paid by Employee:
27. Drug Name and Strength:			28. Rx #:		29. Amount Billed:	
17. <input type="checkbox"/> Generic Dispensed <input type="checkbox"/> Name Brand Dispensed		18. Generic Available? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. <input type="checkbox"/> Dispensed as Written <input type="checkbox"/> Dispensed per Injured Employee request		
20. Date Filled:	21. Generic NDC:	22. Name Brand NDC:	23. Quantity:	24. Days Supply:	25. Refills Remaining:	26. Paid by Employee:
27. Drug Name and Strength:			28. Rx #:		29. Amount Billed:	

